Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

D. . . May 24 2005

	о вох 202501 elena, MT 59620-2501				
Legal Entity #	School Dist. #	School Name		County	Level
0846	5	Park City Elem		48	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply an ve been adjus	d OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corregoing is	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been soft costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 278 City	Zi	p Code
			Park City		9063
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	TION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н н	elena, MT 59620-2501		Due May 31	, 2003	
Legal Entity #	School Dist. #	School Name		County	Level
0847	5	Park City H S		48	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit wo be submitted for the electory or a submitted for the electory or rate.		• •		•
This is to certify that knowledge and believed	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar /e been adju	nd OMB Circular
casual relationship l accordance with ap have not been claim	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			PO Box 278		
Printed Name of A	uthorized Official		City	Z	ip Code
			Park City	5	9063
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

hool Name	County	Level
lumbus Elem	48	EL
% (Round to nea	rest hundredth (X.2	XX%) of a percent.)
		•
ct cost rate proposal submitte	ed herewith and to	o the best of my
of the Federal award(s) to when the cost of the cost o	nich they apply a s have been adju	nd OMB Circular
irred and the agreements to wither, the same costs that have tion, similar types of costs ha	which they are allow the been treated as we been account	ocated in s indirect costs ed for consistently
rd Street Addr	ess or P.O. Box	
City	Z	Zip Code
Columbus	5	90197165
Date		
on	DIIRI IC INICTDII	CTION RV-
1E SUPERINTENDENT OF F	OBLIC INSTRU	CHON BY:
Τ= .		
Date Approv	red	
ocenne oc	one copy of each application for entary and high school district. Trect cost rate proposal submitter of the final indirect cost rate of the Federal award(s) to whovernments." Unallowable cost ined Indirect Cost Allocation - Storely allocable to Federal award curred and the agreements to worther, the same costs that have dition, similar types of costs has tified of any accounting change of the cost of the final indirect cost rate of the Federal award in the final indirect cost rate of the Federal award in the final indirect cost rate of the Federal award in the final indirect cost rate of the Federal award in the final indirect cost rate of the Federal award in the final indirect cost rate of the Federal award(s) to whovernments." Street Address of City Columbus Date	

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501		Due May 01, 2000			
Legal Entity #	School Dist. #	School Name		County	Level
0849	6	Columbus H S		48	HS
Proposed Restric	cted Indirect Cost Rat	e%	(Round to nearest	hundredth (X.2	XX%) of a percent.)
	Complete and submit we be submitted for the electory roval of your rate.				
This is to certify the knowledge and bel	at I have reviewed the in ief:	ndirect cost rate prop	oosal submitted he	erewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es dance with the requirem des for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which Illowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship accordance with a have not been clair	ed in the proposal are p between the expenses oplicable requirements. med as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have be es of costs have b	n they are allo en treated as een account	ocated in s indirect costs ed for consistently
	oregoing is true and cor				
Signature of Distr Chairperson	rict Superintendent or	Board	Street Address	or P.O. Box	
•			433 N 3rd St		
Printed Name of A	Authorized Official		City	Z	Zip Code
			Columbus	5	90197165
Title			Date	 	
Send cor	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTE	O AND APPROVED FO	R THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:
Ap	oproved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н Н	elena, MT 59620-2501		Due May 31	, 2003	
Legal Entity #	School Dist. #	School Name		County	Level
0850	9-9	Reed Point Elem		48	EL
	ted Indirect Cost Rate		(Round to nearest h		
INSTRUCTIONS: (Complete and submit we submitted for the ele	vith one copy of each	application for Inc	direct Cost R	ate. A separate
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship l accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same of addition, similar type	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			PO Box 338		
Printed Name of A	uthorized Official		City	Z	ip Code
			Reed Point	5	9069
Title			Date	·	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н Н	elena, MT 59620-2501		Due May 31	, 2003	
Legal Entity #	School Dist. #	School Name		County	Level
0851	9-9	Reed Point H S		48	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we submitted for the electory or your rate.				
This is to certify that knowledge and believed	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which to which to which to which to which to which the ward is a second to the ward of the ward (s	they apply ar ve been adju	nd OMB Circular
casual relationship l accordance with ap have not been claim	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same of addition, similar type	reements to which osts that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			PO Box 338		
Printed Name of A	uthorized Official		City	Z	ip Code
			Reed Point	5	9069
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

H	elena, MT 59620-2501		-		
Legal Entity #	School Dist. #	School Name		County	Level
0852	12-12	Molt Elem		48	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.X)	(%) of a percent.)
	Complete and submit we submitted for the electory or an arms.				
This is to certify that knowledge and believed	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply and ve been adjust	OMB Circular
casual relationship I accordance with apphave not been claim	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agi Further, the same c addition, similar type	eements to which osts that have been so of costs have be	they are allocen treated as in een accounted	cated in ndirect costs If or consistently
I declare that the for	regoing is true and cor	rect.			
_	ct Superintendent or	Board	Street Address	or P.O. Box	
Chairperson			PO Box 70		
Printed Name of A	uthorized Official		City	Ziţ	Code
			Molt	59	057
Title			Date	-	
	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction -2501	NDENT OF PUBL	.IC INSTRUC	TION BY:
A	number of District Control	00	Date Approved		
Apı	proved Rate for FY20	Ub			
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Degal Entity # School Dist. # School Name Fishtail Elem 48 EL	Н	elena, MT 59620-2501		2 00 1110, 01	,	
Proposed Restricted Indirect Cost Rate	Legal Entity #	School Dist. #	School Name		County	Level
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate. This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief: (1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A. (2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Approved Rate for FY2006	0853	13	Fishtail Elem		48	EL
application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate. This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief: (1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A. (2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson PO Box 75 Printed Name of Authorized Official Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved	Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.X	(X%) of a percent.)
knowledge and belief: (1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A. (2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson PO Box 75 Printed Name of Authorized Official City Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Date Date Approved	application should b	e submitted for the ele				
allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A. (2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson PO Box 75 Printed Name of Authorized Official Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved	_		ndirect cost rate prop	osal submitted he	rewith and to	the best of my
casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson PO Box 75 Printed Name of Authorized Official City Zip Code Fishtail Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved Date Approved	allowable in accorda A-87, "Cost Principle	ance with the requirem es for State and Local	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply an e been adjus	d OMB Circular
Signature of District Superintendent or Board Chairperson PO Box 75 Printed Name of Authorized Official City Fishtail Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved Date Approved	casual relationship I accordance with apphave not been claim and the Office of Pu	between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same caddition, similar type	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently
Chairperson PO Box 75 Printed Name of Authorized Official City Fishtail 59028 Title Date Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved						
PO Box 75 Printed Name of Authorized Official City Fishtail 59028 Title Date Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved Approved Rate for FY2006	_	ct Superintendent or	Board	Street Address	or P.O. Box	
Fishtail Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved	•					
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved Date Approved	Printed Name of A	uthorized Official		City	Z	ip Code
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved Approved Rate for FY2006				Fishtail	59	9028
School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved Date Approved	Title			Date	·	
Approved Rate for FY2006 Date Approved	Send com	School Accounting office of Public Inst PO Box 202501	ruction			
Approved Rate for FY2006	ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRUC	CTION BY:
Signature	Ap	proved Rate for FY20	06	Date Approved		
				Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н	lelena, MT 59620-2501	Duc May 01, 2000			
Legal Entity #	School Dist. #	School Name		County	Level
0857	31	Nye Elem		48	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the election of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	erewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which allowable costs have	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have beens of costs have be	they are allo en treated as een accounte	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			Box 699		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Absarokee	5	9001
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

hool Name	County	Level
pelje Elem	48	EL
	earest hundredth (X.	XX%) of a percent.)
		•
ct cost rate proposal submit	tted herewith and t	o the best of my
of the Federal award(s) to vernments." Unallowable co	which they apply a sts have been adju	nd OMB Circular
urred and the agreements to ther, the same costs that ha tion, similar types of costs h	which they are all ave been treated as nave been account	ocated in s indirect costs ed for consistently
rd Street Add	dress or P.O. Box	
City	Z	Zip Code
Rapelje	5	59067
Date		
	DUDUIC INSTDU	CTION BV:
HE SUPERINTENDENT OF		CTION BY:
		CTION BY:
is/netriff		

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

D. . . May 24 2005

	lelena, MT 59620-2501	Due May 31, 2005			
Legal Entity #	School Dist. #	School Name		County	Level
0859	32	Rapelje H S		48	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit woe submitted for the electory of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accordance A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which the ward is to ward it was to ward in the ward is to ward in the ward is to ward in the ward is to ward it was to ward in the ward in the ward is to ward in the ward is to ward in the ward is to ward in the ward in	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate.	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
Signature of Distri	ict Superintendent or		Street Address	or P.O. Box	
Chairperson			PO Box 89		
Printed Name of A	uthorized Official		City	Z	ip Code
			Rapelje	5	9067
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Legal Entity #	School Dist. #	School Name		County	Level
0861	52-C	Absarokee Elem		48	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)
	Complete and submit woe submitted for the electory or an arms.				-
This is to certify tha knowledge and beli	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accordance A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply an ve been adjus	d OMB Circular
casual relationship accordance with ap have not been clain	ed in the proposal are pubetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same c addition, similar type	eements to which osts that have been soft costs have been soft costs have been seen as the costs have been seen as	they are allo en treated as een accounte	cated in indirect costs d for consistently
	regoing is true and cor				
Signature of Distri		Roard	Street Address	or P O Box	
	ct Superintendent or	Doard	Street Address	01 1 .O. BOX	
Chairperson	•	Board	327 S Woodard A	Ave	
	•	Board		Ave	p Code
Chairperson	•	Board	327 S Woodard A	Ave Zi	p Code 9001
Chairperson	•	Board	327 S Woodard A	Ave Zi	•
Chairperson Printed Name of A Title Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction -2501	327 S Woodard A City Absarokee Date	Ave Zi	9001
Chairperson Printed Name of A Title Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501	and Budgeting ruction -2501	327 S Woodard A City Absarokee Date NDENT OF PUBL	Ave Zi	9001
Chairperson Printed Name of A Title Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting truction -2501 R THE SUPERINTE	327 S Woodard A City Absarokee Date	Ave Zi	9001

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501		Due (viay 61, 2000			
Legal Entity #	School Dist. #	School Name		County	Level
0862	52	Absarokee H S		48	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the electory oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same of addition, similar type	reements to which osts that have been sof costs have be	they are allower treated as een accounted	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of District Superintendent or Board Chairperson			Street Address or P.O. Box		
•			327 S Woodard A		
Printed Name of A	uthorized Official		City	Z	ip Code
			Absarokee	5	9001
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Approved Rate for FY2006			Date Approved		
			Signature		